

# Health Insurance Program Monthly Report



Prepared for:

Kentucky Group Health Insurance  
Board Members

June 2022

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*Paid data as of: April 2022*  
*Incurred data as of: January 2022*

## Rolling Year Enrollment & LivingWell Promise Fulfillment

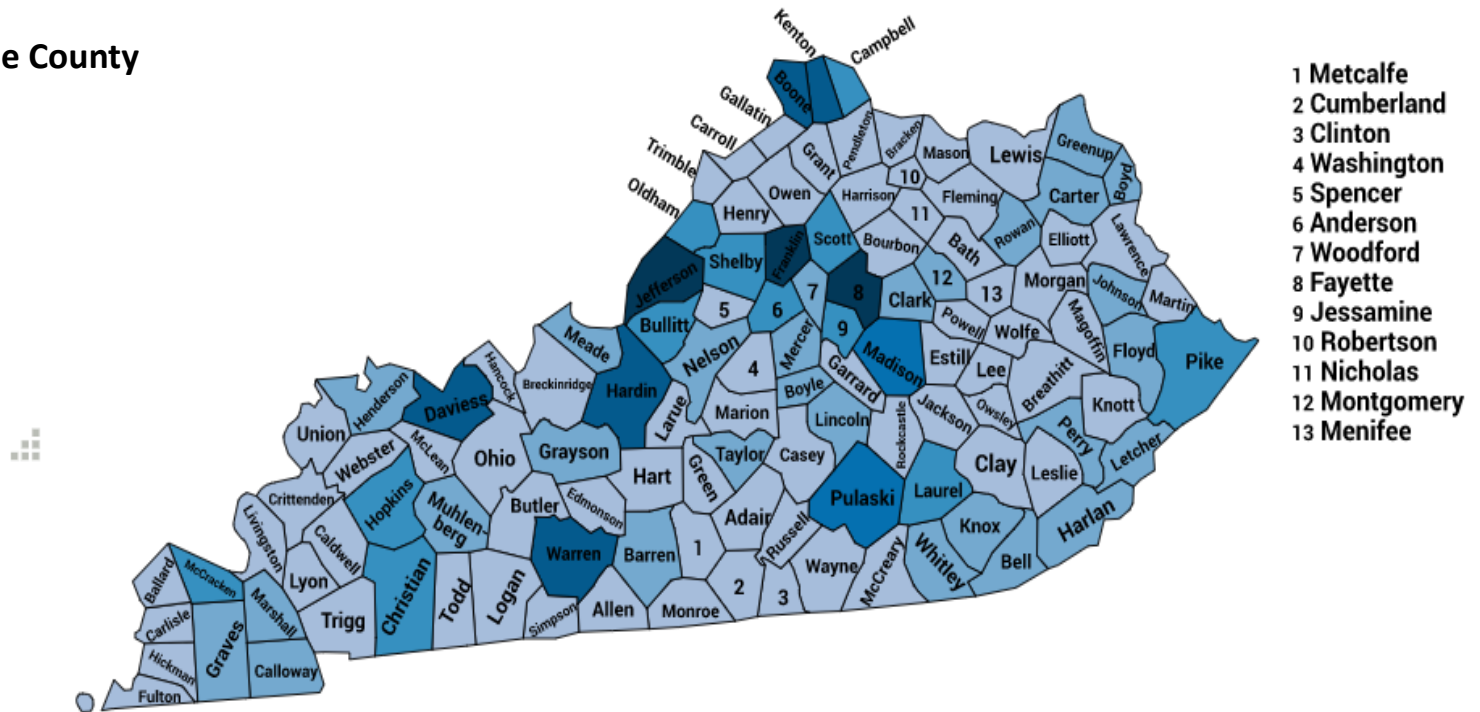
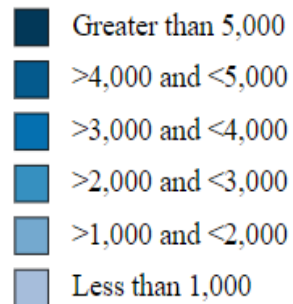
Enrollment	Feb 2020 - Jan 2021	Feb 2021 - Jan 2022	% Change
Planholders (Avg)	141,845	138,767	-2.17%
Members (Avg)	264,158	260,244	-1.48%
Family Size (Avg)	1.86	1.88	0.70%
Member Age (Avg)	36.57	36.58	0.03%

LivingWell Promise Fulfillment			
Period	6/20/2022		6/2/2021
Eligibles	139,332*	151,059**	146,360
HA	84,012	86,710	79,059
BS	35,622	36,612	24,571
Both	13,353	13,676	15,026
Promise	106,281	109,646	88,604
% Complete	76.3%	72.6%	60.5%

\* Members required to complete the promise.

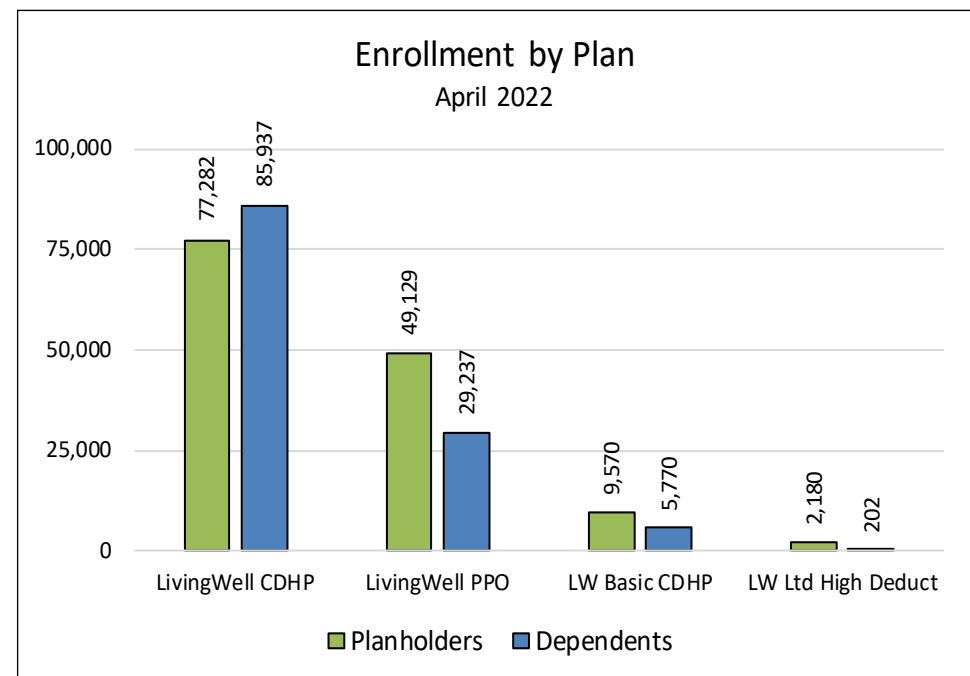
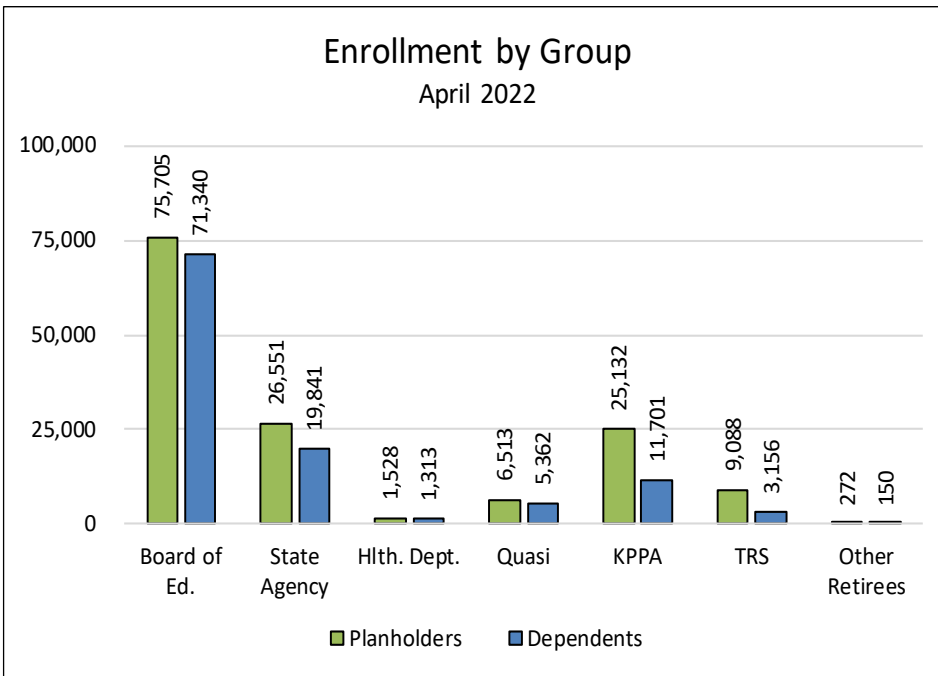
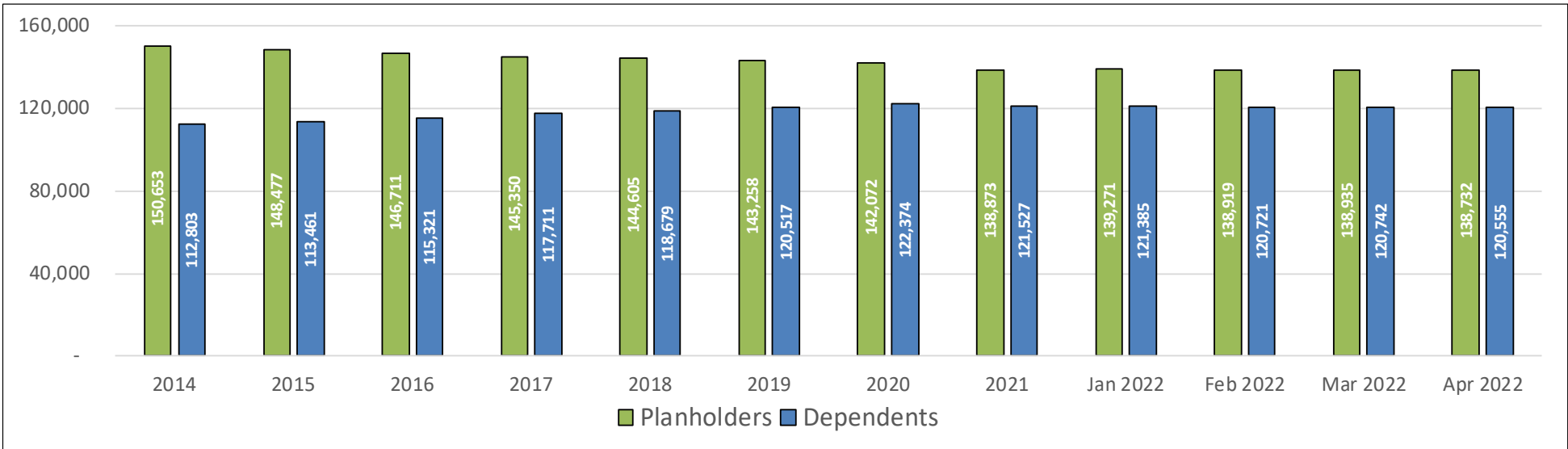
\*\* Current members with access to complete the promise.

### Planholders by Home County



## Enrollment

The following chart shows planholder enrollment (contracts) for 2014-2021 and monthly year-to-date for 2022. Enrollment will fluctuate on a monthly basis. (Approximately 7,000 Cross-Reference spouses in any given month are counted as dependents.)



## Summary of Enrollment and Claims

The following provides a summary of members, Incurred Medical Claims and Incurred Pharmacy Claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Feb 2021	262,148	\$119,340,362.91	\$81,461,335.90	\$37,879,027.01	575,726	268,011	300,186
Mar 2021	262,161	\$139,086,436.30	\$92,665,353.60	\$46,421,082.70	723,157	342,827	371,975
Apr 2021	261,566	\$138,971,655.84	\$92,952,750.28	\$46,018,905.56	666,102	314,527	342,956
May 2021	261,143	\$136,857,436.11	\$92,266,382.66	\$44,591,053.45	624,447	287,634	328,464
Jun 2021	260,738	\$154,908,172.43	\$107,202,645.68	\$47,705,526.75	685,045	325,743	350,644
Jul 2021	259,621	\$151,593,237.23	\$105,560,203.76	\$46,033,033.47	660,953	319,151	332,857
Aug 2021	257,804	\$155,835,727.26	\$108,708,179.61	\$47,127,547.65	697,326	340,376	347,300
Oct 2021	260,256	\$155,021,516.34	\$107,275,640.85	\$47,745,875.49	691,433	326,629	355,728
Sep 2021	256,906	\$150,722,374.39	\$103,915,209.84	\$46,807,164.55	688,830	330,592	348,137
Nov 2021	260,029	\$161,513,808.80	\$111,507,571.09	\$50,006,237.71	721,809	338,254	373,850
Dec 2021	259,898	\$174,215,281.11	\$119,661,013.87	\$54,554,267.24	736,516	341,977	385,504
Jan 2022	260,656	\$109,779,667.90	\$69,484,367.28	\$40,295,300.62	662,334	305,706	346,700

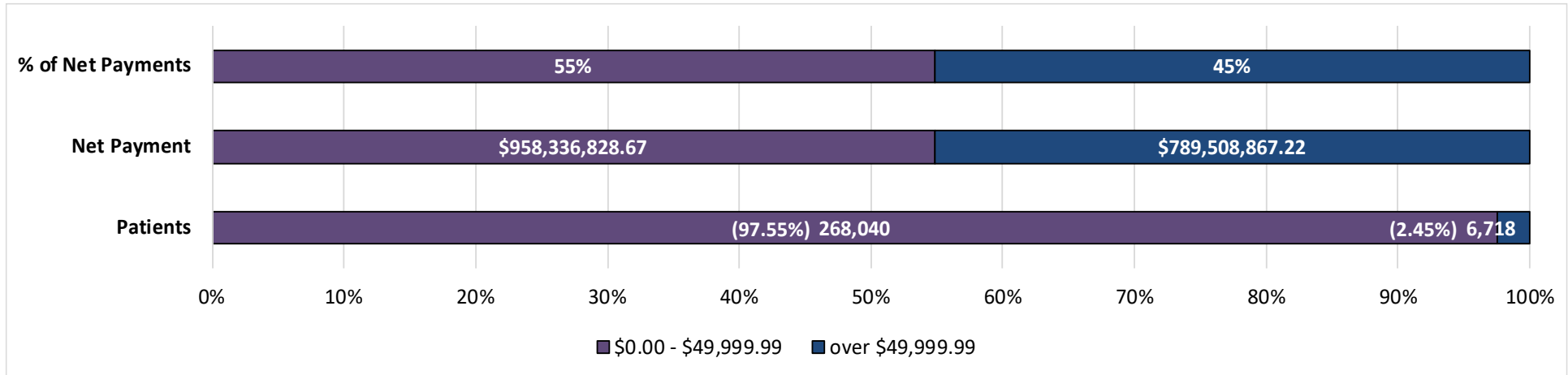
The following illustrates the change in incurred claims (includes Medical and Pharmacy) by rolling year.

Time Period	Members	Total Medical and Rx Claims	Total Medical Claims	Total Rx Claims
Feb 2021 - Jan 2022	260,244	\$1,762,115,309	\$1,206,903,856	\$555,211,452
Feb 2020 - Jan 2021	264,158	\$1,606,601,865	\$1,075,966,906	\$530,634,959
% Change (Roll Yrs)	-1.48%	9.68%	12.17%	4.63%

## Allowed Claims and High Cost Claimants

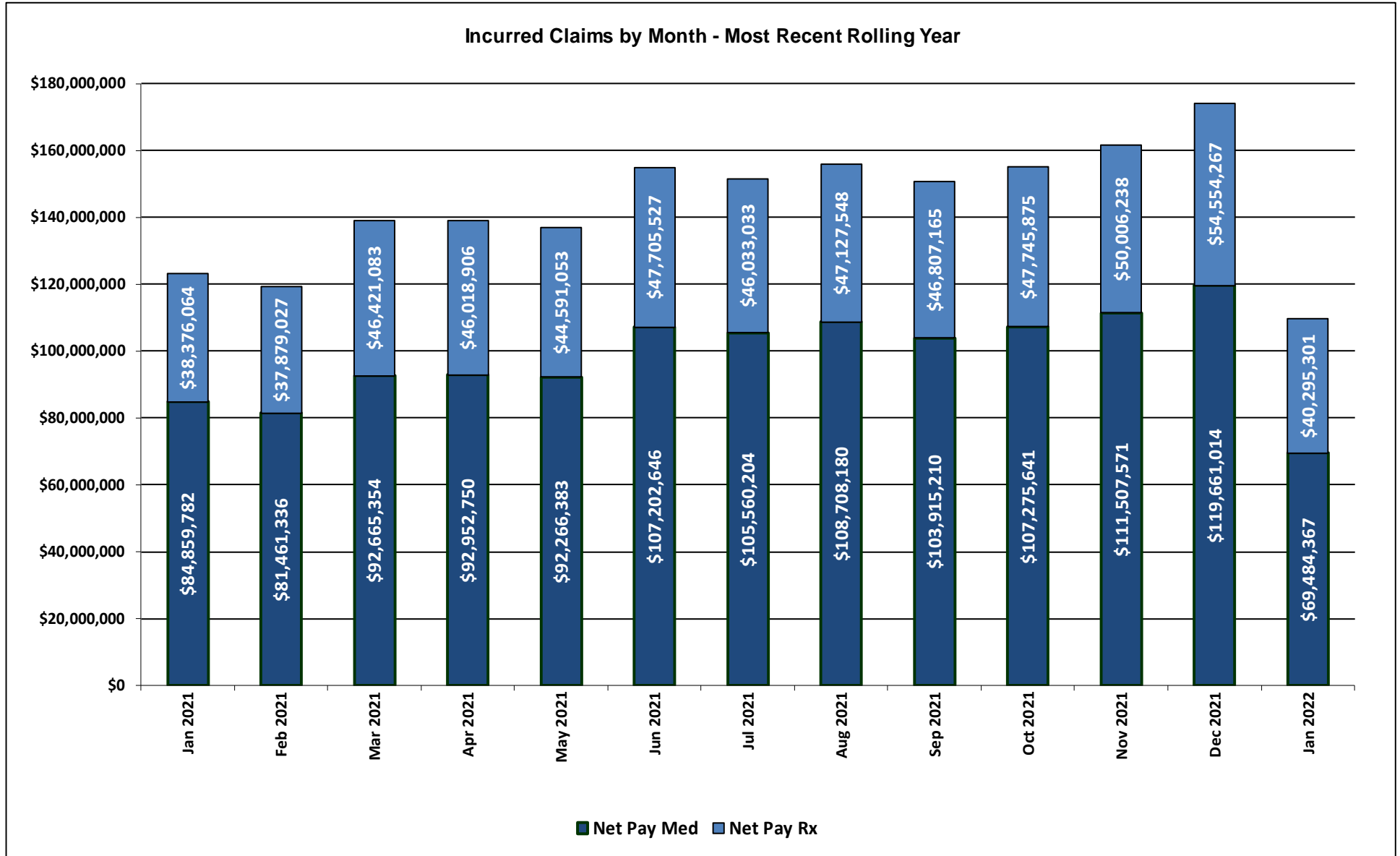
Allowed Claims Cost PMPY with Norms	Feb 2020 - Jan 2021	Feb 2021 - Jan 2022	% Change	Recent US Norm	Comp to Norm
Allowed Amount PMPY Medical	\$4,851.98	\$5,531.88	14.01%	\$5,189.89	6.18%
Allowed Amount PMPY IP Acute	\$1,284.13	\$1,474.79	15%	N/A	N/A
Allowed Amount PMPY OP Med	\$3,557.99	\$4,044.17	14%	\$3,714.28	8.16%
Allowed Amount PMPY OP Facility Medical	\$2,041.28	\$2,321.46	14%	N/A	N/A
Allowed Amount PMPY Office Medical	\$952.85	\$1,047.67	10%	N/A	N/A
Allowed Amount PMPY OP Laboratory	\$258.42	\$300.74	16%	N/A	N/A
Allowed Amount PMPY OP Radiation	\$465.26	\$547.23	18%	N/A	N/A
Out of Pocket PMPY Medical	\$749.55	\$868.93	16%	\$729.45	16.05%
Allowed Amount PMPY Rx	\$2,245.41	\$2,382.38	6%	\$1,675.03	29.69%
Out of Pocket PMPY Rx	\$230.74	\$248.96	8%	\$0.00	N/A

## High Cost Claimants (Feb 2021—Jan 2022)

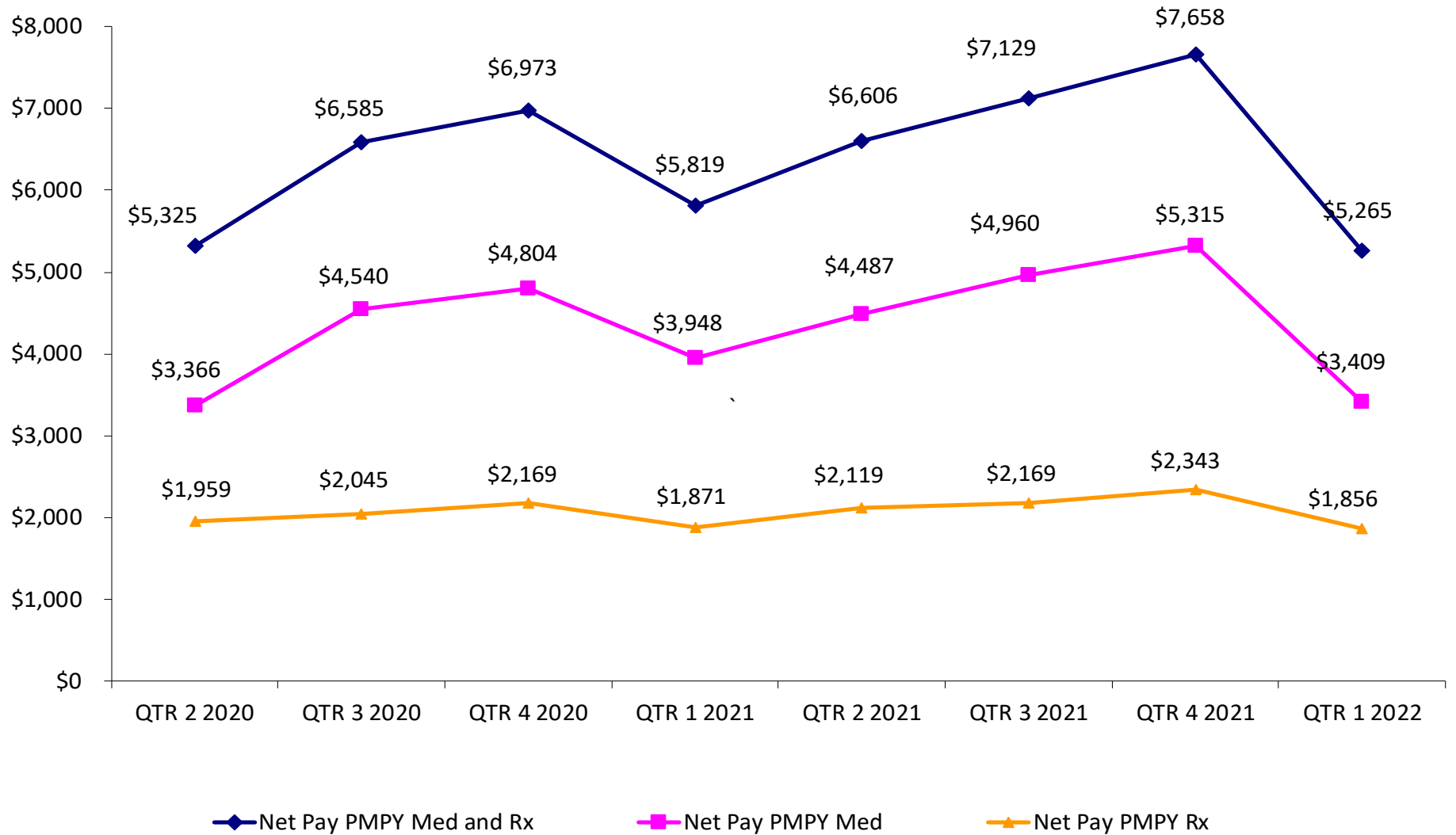


## Claims Costs

Claims costs include Incurred Medical and Pharmacy (Rx) Claims Cost for the most recent rolling year.



## PMPY Costs as Calculated at the end of each Quarter

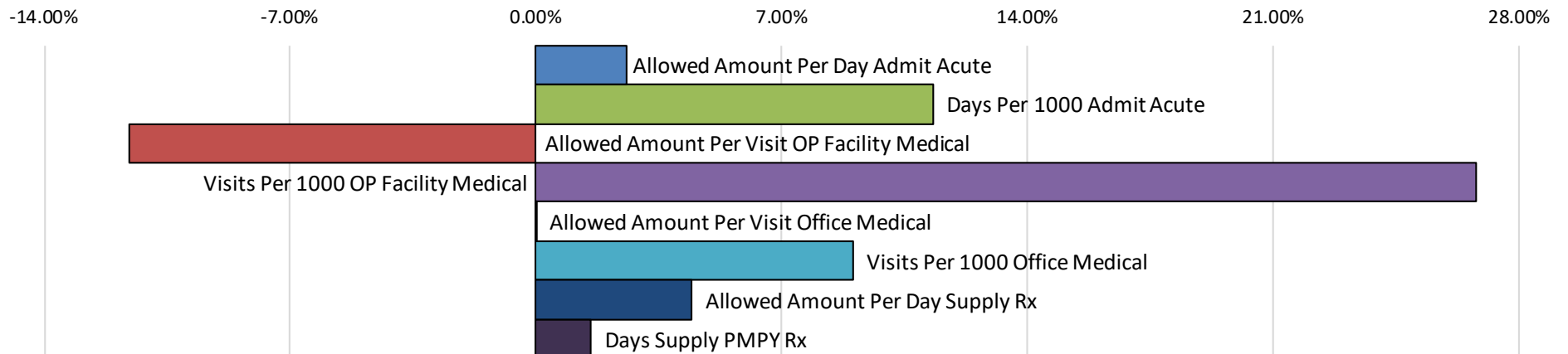




## Cost Drivers

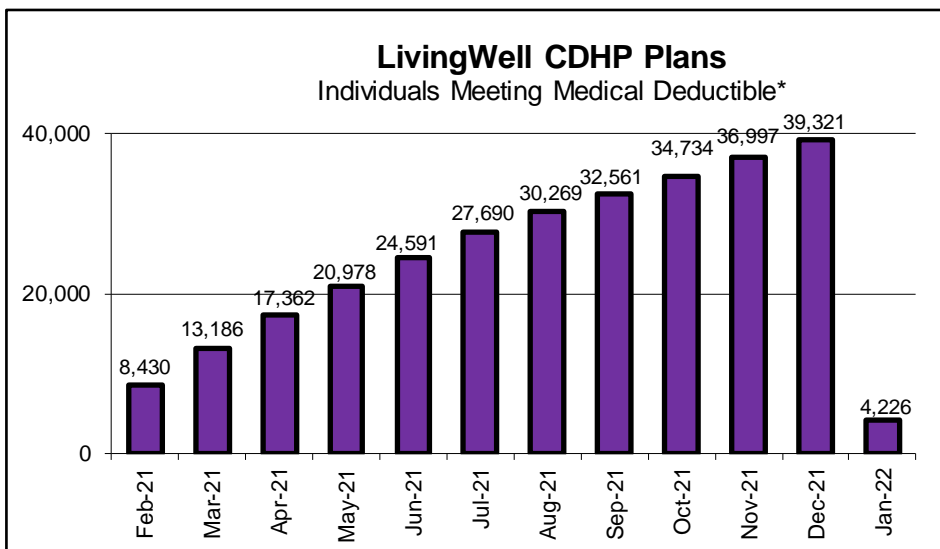
Cost Driver Support Table	Feb 2020 - Jan 2021	Feb 2021 - Jan 2022	% Change
Allowed Amount Per Day Admit Acute	\$4,981.02	\$5,109.93	2.59%
Days Per 1,000 Admit Acute	255.21	284.07	11.31%
Allowed Amount Per Visit OP Facility Medical	\$1,594.22	\$1,409.76	-11.57%
Visits Per 1,000 OP Facility Medical	1,279.87	1,622.64	26.78%
Allowed Amount Per Visit Office Medical	\$121.59	\$121.60	0.01%
Visits Per 1,000 Office Medical	7,835.86	8,543.57	9.03%
Allowed Amount Per Day Supply Rx	\$3.69	\$3.85	4.44%
Days Supply PMPY Rx	609.27	618.90	1.58%

### Cost Drivers % Change

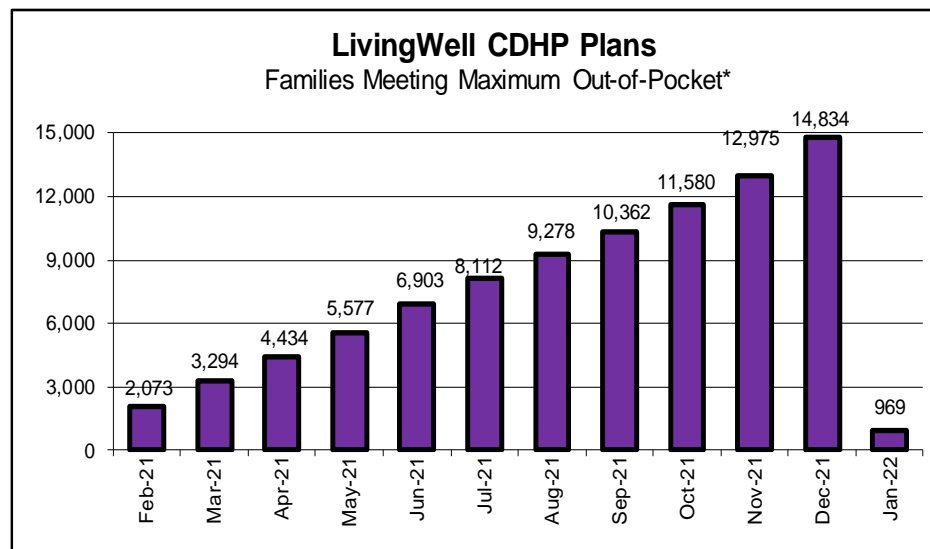


## Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell CDHP Plans

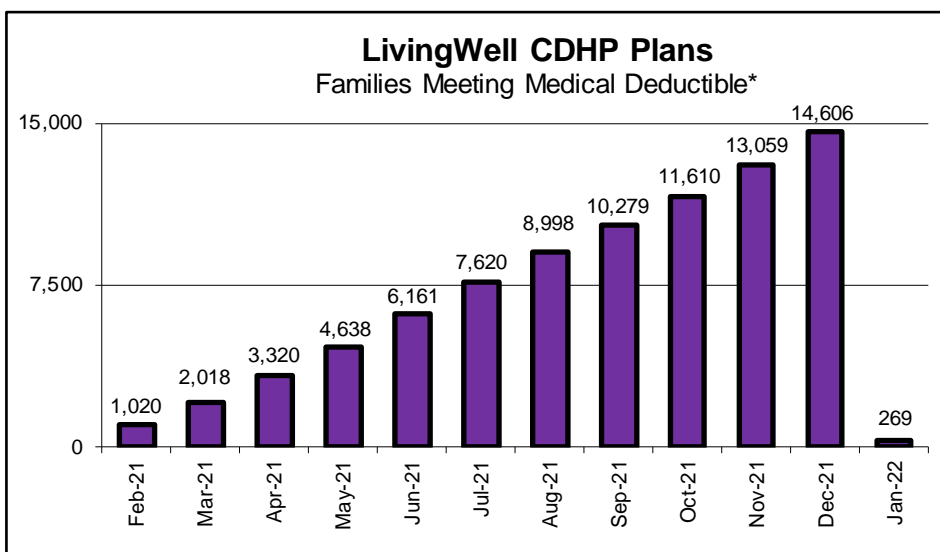
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



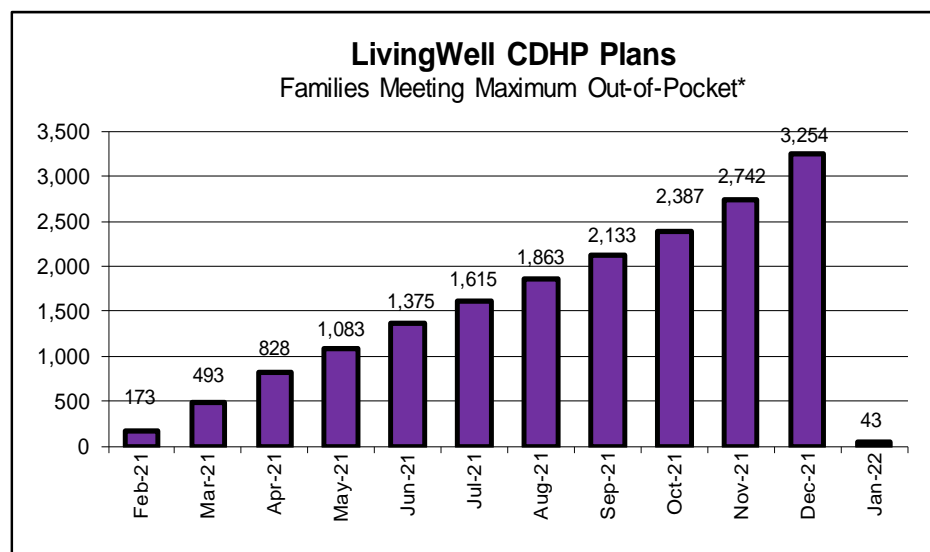
\* 2020 - 2022 LivingWell CDHP Individual deductible is \$1,500



\* 2020 - 2022 LivingWell CDHP Individual Maximum Out of Pocket is \$3,000



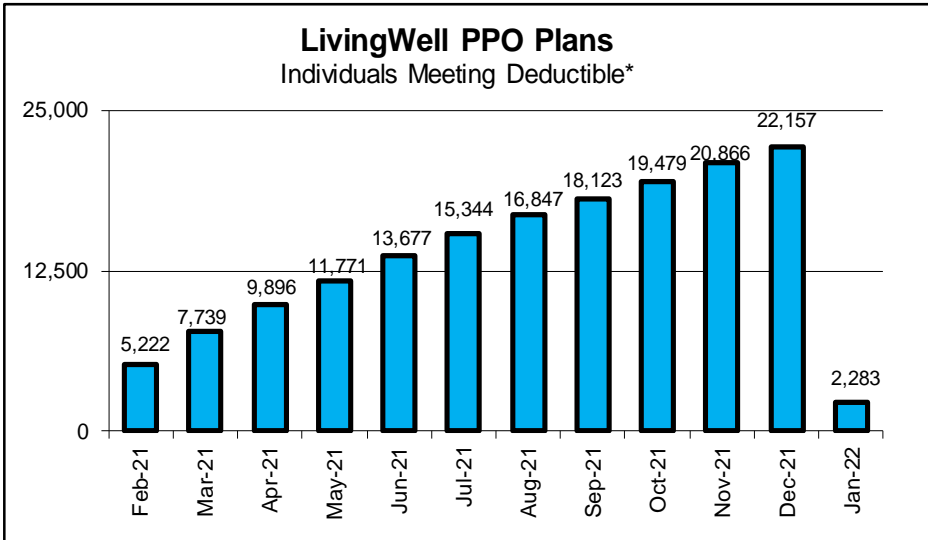
\* 2020 - 2022 LivingWell CDHP Family deductible is \$2,750



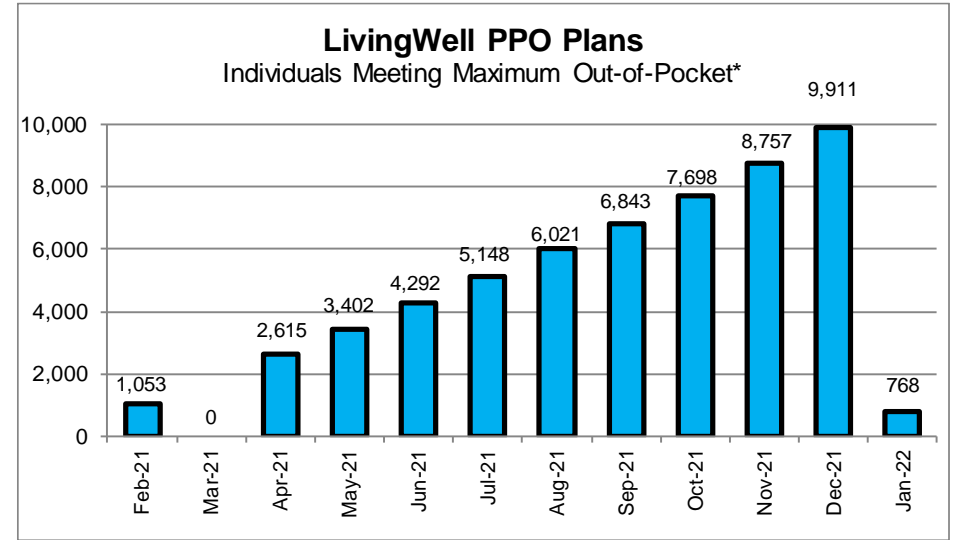
\* 2020 - 2022 LivingWell CDHP Family Maximum Out of Pocket is \$5,750

## Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell PPO Plans

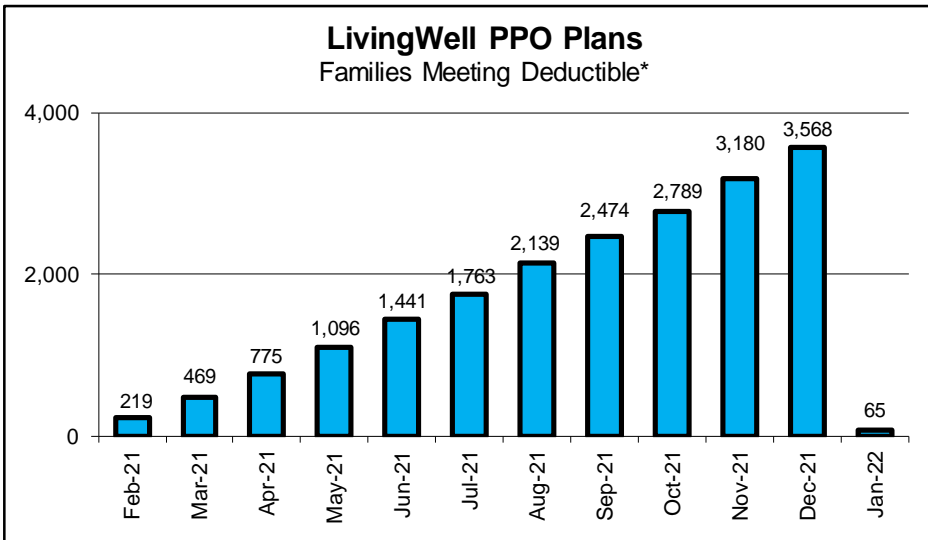
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



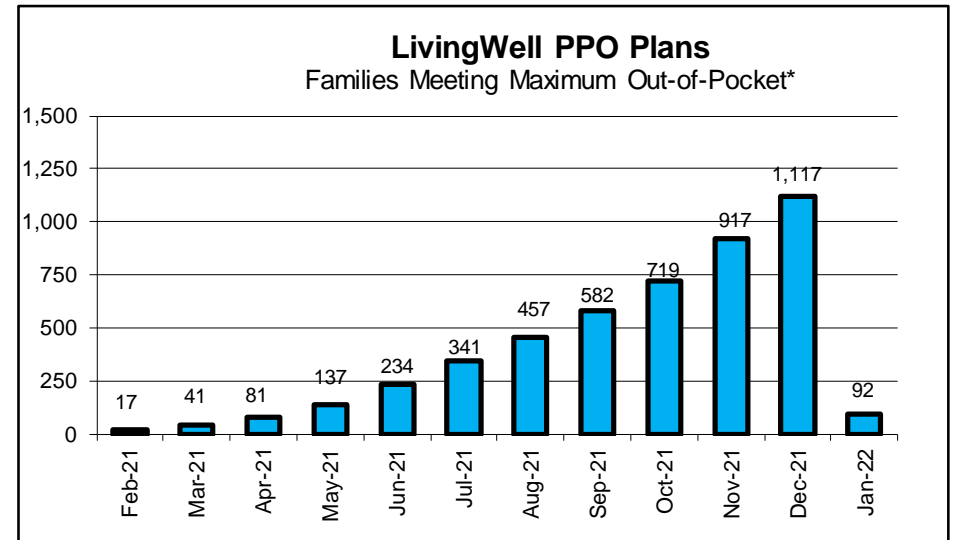
\* 2020 - 2022 LW PPO Individual Deductible is \$1,050



\* 2020 - 2022 LW PPO Individual Maximum Medical Out-of-Pocket is \$3,000



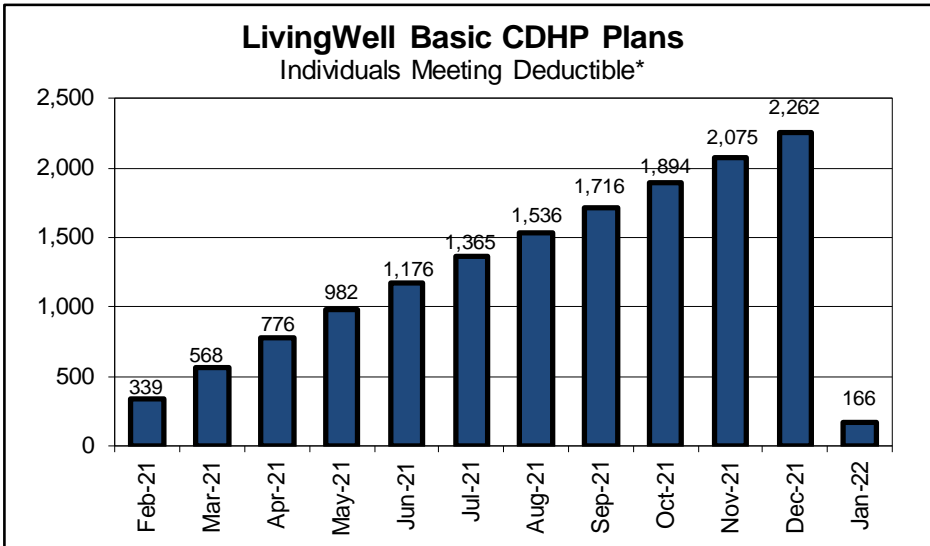
\* 2020 - 2022 LW PPO Family Deductible is \$1,750



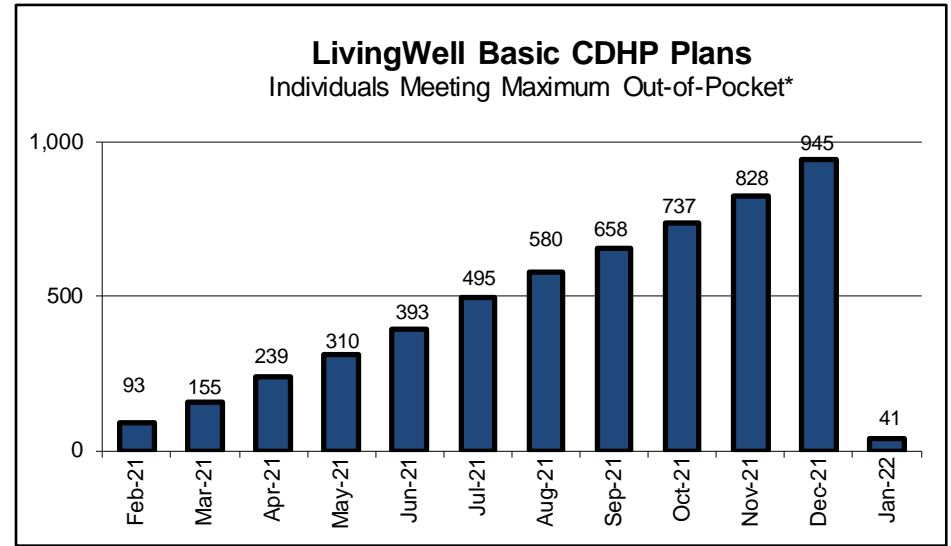
\* 2020 - 2022 LW PPO Family Maximum Medical Out-of-Pocket is \$5,750

## Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell Basic CDHP Plans

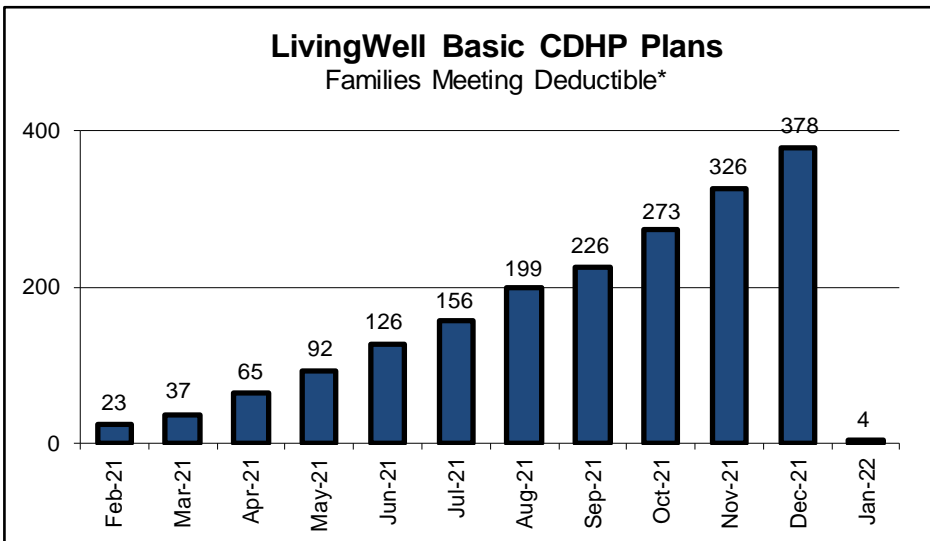
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



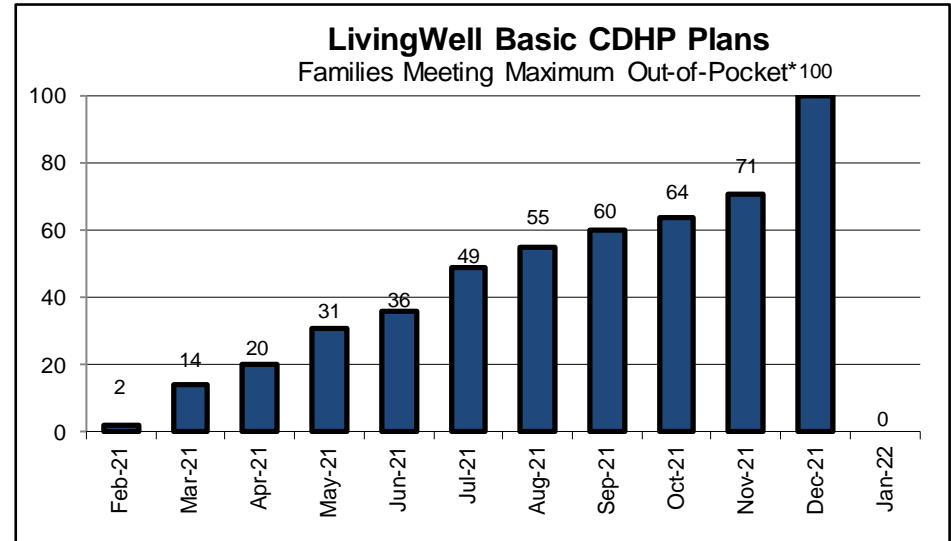
\* 2020 - 2022 LW Basic CDHP Individual Deductible is \$2,000



\* 2020 - 2022 LW Basic CDHP Individual Maximum Out-of-Pocket is \$4,000



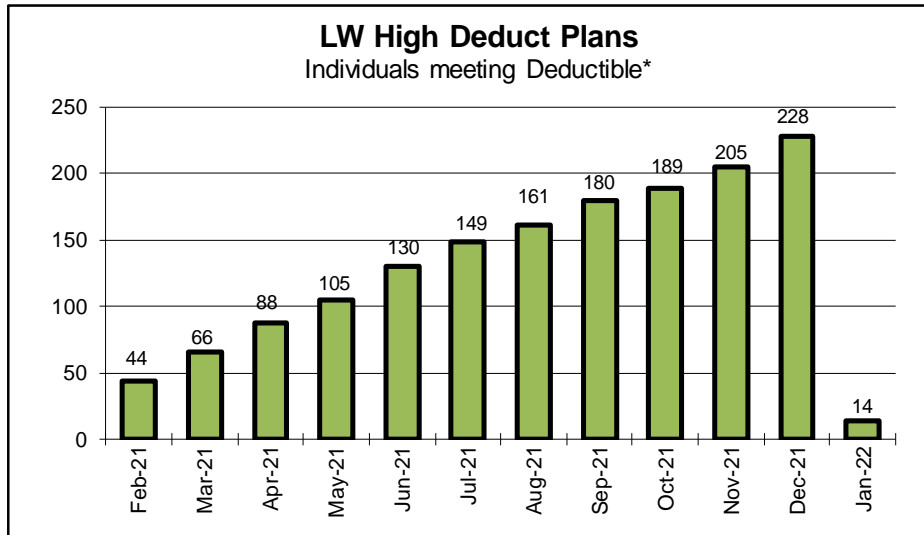
\* 2020 - 2022 LW Basic CDHP Family Deductible is \$3,750



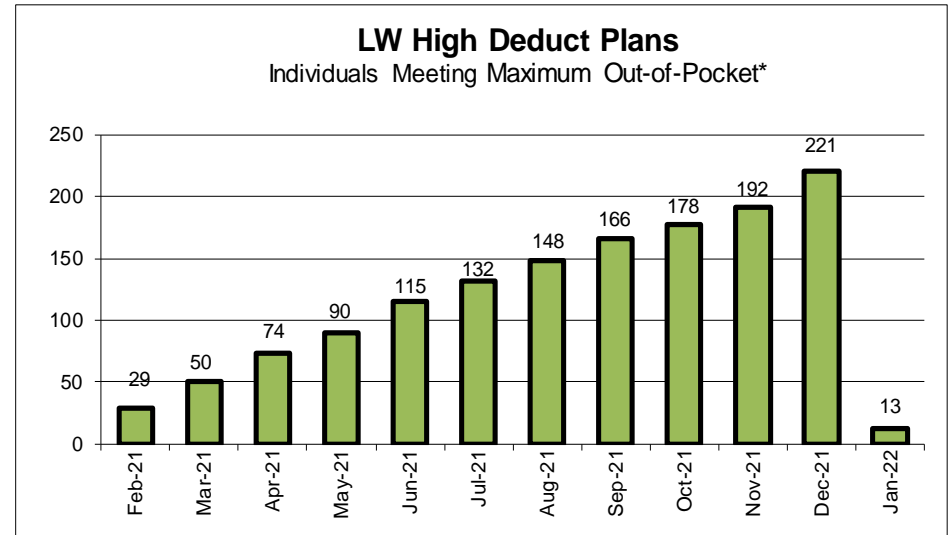
\* 2020 - 2022 LW Basic CDHP Family Maximum Out-of-Pocket is \$7,750

## Analysis of Individuals and Families Meeting Their Deductibles & Maximum Out-of-Pocket LivingWell High Deductible Plans

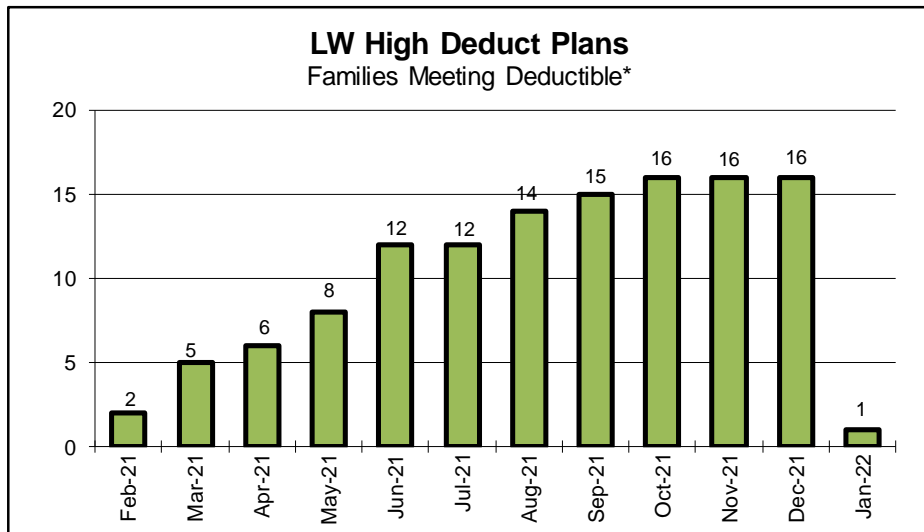
The following details the number of individuals and families by Health Plan that met their deductible and Maximum Out-of-Pocket for the latest rolling year. This report is based on Incurred Medical and Pharmacy Claims.



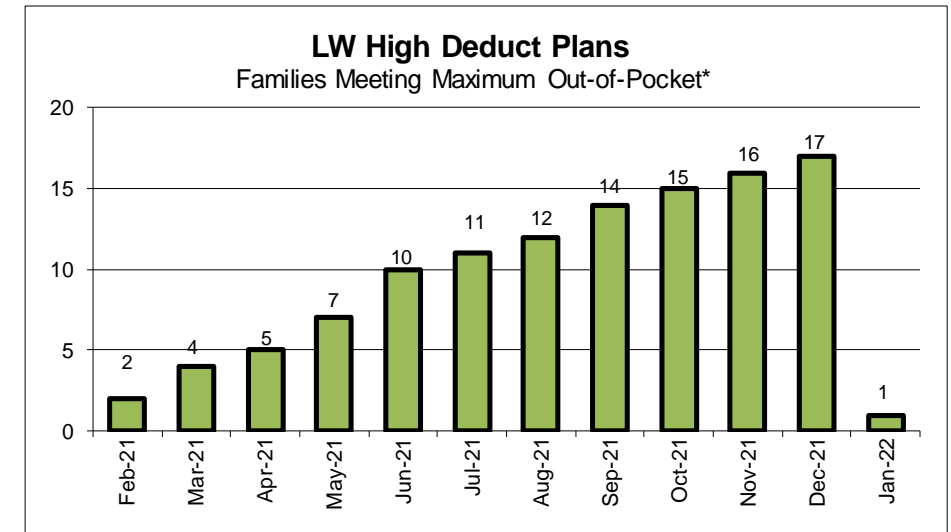
\* 2020 - 2022 LW High Deduct Individual Deductible is \$4,250



\* 2020 - 2022 LW High Deduct Individual Maximum Out-of-Pocket is \$5,250



\* 2020 - 2022 LW High Deduct Family Deductible is \$8,250



\* 2020 - 2022 LW High Deduct Family Maximum Out-of-Pocket is \$10,250

## Prescription Drug Utilization

The following Top 25 Drug Analysis is based on Incurred Pharmacy Claims from Jan 2022.

Prev Rank	Curr Rank	Product Name*	Brand/Generic	Therapeutic Class General	Net Pay Rx	Net Pay Rx as % of All Drugs	Scripts Rx	Net Pay Per Day Supply Rx	Patients Rx
1	1	HUMIRA	Single source brand	Immunosuppressants	\$2,607,647.42	6.62%	549	\$142.87	393
2	2	STELARA	Single source brand	Immunosuppressants	\$1,773,285.88	4.51%	137	\$208.60	112
3	3	TRULICITY	Single source brand	Hormones & Synthetic Subst	\$1,437,520.37	3.65%	1,395	\$27.64	1,312
6	4	FARXIGA	Single source brand	Hormones & Synthetic Subst	\$898,997.26	2.28%	1,171	\$15.81	1,143
7	5	JARDIANCE	Single source brand	Hormones & Synthetic Subst	\$886,830.41	2.25%	1,119	\$16.21	1,112
4	6	SAXENDA	Single source brand	Hormones & Synthetic Subst	\$855,152.87	2.17%	742	\$35.34	753
12	7	OZEMPIC 1 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$825,779.09	2.10%	783	\$27.51	757
8	8	TRIKAFTA	Multisource generic	Respiratory Tract Agents	\$752,851.56	1.91%	38	\$706.24	35
9	9	JANUVIA	Single source brand	Hormones & Synthetic Subst	\$696,088.89	1.77%	968	\$14.89	993
11	10	NOVOLOG	Single source brand	Hormones & Synthetic Subst	\$671,621.37	1.71%	568	\$25.91	557
13	11	XARELTO	Single source brand	Blood Form/Coagul Agents	\$660,030.88	1.68%	1,054	\$13.46	1,048
#N/A	12	WEGOVY	Single source brand	Hormones & Synthetic Subst	\$626,548.25	1.59%	546	\$39.77	497
16	13	OZEMPIC 0.25 MG OR 0.5 MG DOSES	Single source brand	Hormones & Synthetic Subst	\$585,402.49	1.49%	604	\$25.81	601
10	14	DUPIXENT	Single source brand	Immunosuppressants	\$574,333.01	1.46%	279	\$70.85	264
14	15	SKYRIZI	Single source brand	Immunosuppressants	\$535,521.48	1.36%	53	\$133.75	42
5	16	ENBREL	Single source brand	Immunosuppressants	\$524,612.90	1.33%	105	\$145.24	108
15	17	NOVOLOG FLEXPEN	Single source brand	Hormones & Synthetic Subst	\$520,469.33	1.32%	529	\$22.39	534
17	18	BASAGLAR KWIKPEN	Single source brand	Hormones & Synthetic Subst	\$488,613.85	1.24%	1,029	\$10.68	1,007
20	19	ROSUVASTATIN CALCIUM	Multisource generic	Cardiovascular Agents	\$433,389.91	1.10%	2,988	\$2.33	2,996
18	20	COSENTYX	Single source brand	Immunosuppressants	\$377,758.93	0.96%	65	\$168.64	62
#N/A	21	TREMFYA	Single source brand	Immunosuppressants	\$369,379.41	0.94%	59	\$114.71	43
#N/A	22	REVLIMID	Single source brand	Misc Therapeutic Agents	\$359,240.27	0.91%	25	\$523.67	21
#N/A	23	ADDERALL XR	Multisource brand, generic	Central Nervous System	\$336,591.66	0.86%	1,809	\$6.15	1,762
25	24	LEVEMIR FLEXTOUCH	Single source brand	Hormones & Synthetic Subst	\$333,226.71	0.85%	478	\$16.41	463
22	25	VICTOZA	Single source brand	Hormones & Synthetic Subst	\$330,131.92	0.84%	290	\$28.95	293

\*"Product Name" includes all strengths/formulations of a drug.

## Prescription Drug Utilization (*continued*)

In summary, the top 25 drugs represent 5.12% of total scripts and 46.90% of total Pharmacy expenditures.

Summary	Net Pay Rx	Scripts Rx	Days Supply Rx
Top Drugs	\$18,461,026	17,383	768,846
All Product Names	\$39,360,978	339,293	12,957,800
Top Drugs as Pct of All Drugs	46.90%	5.12%	5.93%

Prescription Drug Programs		Feb 2020 - Jan 2021	Feb 2021 - Jan 2022	% Change
Mail Order	Discount Off AWP % Rx	54.17%	54.96%	1.46%
	Scripts Generic Efficiency Rx	98.40%	98.85%	0.46%
Retail	Discount Off AWP % Rx	44.29%	43.48%	-1.84%
	Scripts Generic Efficiency Rx	97.99%	98.13%	0.15%
Total	Discount Off AWP % Rx	48.46%	48.47%	0.02%
	Scripts Generic Efficiency Rx	98.09%	98.32%	0.23%
	Scripts Maint Rx % Mail Order	29.87%	31.93%	6.90%

## Utilization

The top 25 clinical conditions based on Total Incurred Medical Claims for Jan 2022.

Prev Rank	Curr Rank	Clinical Condition	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER	Patients Med	Net Pay Per Pat Med
1	1	Prevent/Admin Hlth Encounters	\$5,764,779	\$13,042	\$5,751,072	0.00	0.00	1074.52	0.37	27,204	\$211.91
2	2	Infections - Respiratory, NEC	\$4,821,024	\$2,526,398	\$2,289,852	4.28	6.88	609.59	34.16	18,123	\$266.02
6	3	Infections, NEC	\$4,125,981	\$1,907,316	\$2,218,179	0.09	2.00	678.55	2.49	23,386	\$176.43
4	4	Chemotherapy Encounters	\$2,640,880	\$116,672	\$2,524,208	0.23	4.60	1.20	0.00	278	\$9,499.57
3	5	Osteoarthritis	\$2,172,747	\$156,556	\$2,016,192	0.14	1.33	120.02	0.14	2,554	\$850.72
7	6	Pregnancy without Delivery	\$2,143,658	\$1,678,824	\$464,835	0.32	2.29	84.66	6.03	1,777	\$1,206.34
8	7	Coronary Artery Disease	\$2,091,947	\$1,408,063	\$683,884	1.80	4.18	23.66	1.75	698	\$2,997.06
5	8	Signs/Symptoms/Oth Cond, NEC	\$2,036,477	\$257,949	\$1,776,485	0.51	6.55	368.76	8.47	13,752	\$148.09
14	9	Cardiac Arrhythmias	\$1,621,476	\$573,454	\$1,047,947	0.41	3.67	29.37	1.89	922	\$1,758.65
12	10	Respiratory Disord, NEC	\$1,620,191	\$774,030	\$840,408	0.09	6.50	74.35	6.95	3,166	\$511.75
9	11	Spinal/Back Disord, Low Back	\$1,579,565	\$674,229	\$905,234	0.32	2.71	457.15	2.26	5,999	\$263.30
16	12	Condition Rel to Tx - Med/Surg	\$1,474,029	\$1,016,299	\$457,730	0.92	5.15	7.78	0.74	456	\$3,232.52
11	13	Newborns, w/wo Complication	\$1,414,099	\$1,399,830	\$14,268	3.13	3.51	6.54	0.05	216	\$6,546.75
13	14	Gastroint Disord, NEC	\$1,272,250	\$243,224	\$1,028,773	0.78	4.29	105.43	10.91	3,517	\$361.74
10	15	Arthropathies/Joint Disord NEC	\$1,269,798	\$98,097	\$1,171,075	0.18	4.75	501.63	4.56	7,272	\$174.61
15	16	Diabetes	\$1,089,046	\$444,867	\$606,181	1.80	5.26	200.68	1.52	5,443	\$200.08
#N/A	17	Renal Function Failure	\$987,473	\$448,859	\$538,473	0.14	4.33	14.41	0.60	537	\$1,838.87
17	18	Radiation Therapy Encounters	\$984,245	\$0	\$984,245	0.00	0.00	4.47	0.00	56	\$17,575.80
20	19	Neurological Disorders, NEC	\$954,604	\$515,291	\$434,650	0.37	14.00	54.51	0.97	1,196	\$798.16
#N/A	20	Musculosk Disord, Congenital	\$892,383	\$837,452	\$54,931	0.14	4.00	9.07	0.00	206	\$4,331.95
#N/A	21	Infections - ENT Ex Otitis Med	\$874,373	\$120,096	\$753,935	0.18	3.75	438.05	4.51	10,992	\$79.55
23	22	Cerebrovascular Disease	\$828,296	\$627,954	\$200,342	0.64	9.36	6.12	0.92	225	\$3,681.31
18	23	Cancer - Breast	\$799,701	\$46,390	\$753,272	0.09	3.00	25.18	0.05	578	\$1,383.57
25	24	Urinary Tract Calculus	\$793,557	\$149,968	\$643,589	0.41	3.56	18.74	4.51	517	\$1,534.93
#N/A	25	Multiple Sclerosis	\$762,345	\$0	\$748,270	0.00	0.00	5.16	0.00	135	\$5,647.00

NOTE: Medical payments represent only the payments made for the specified condition.

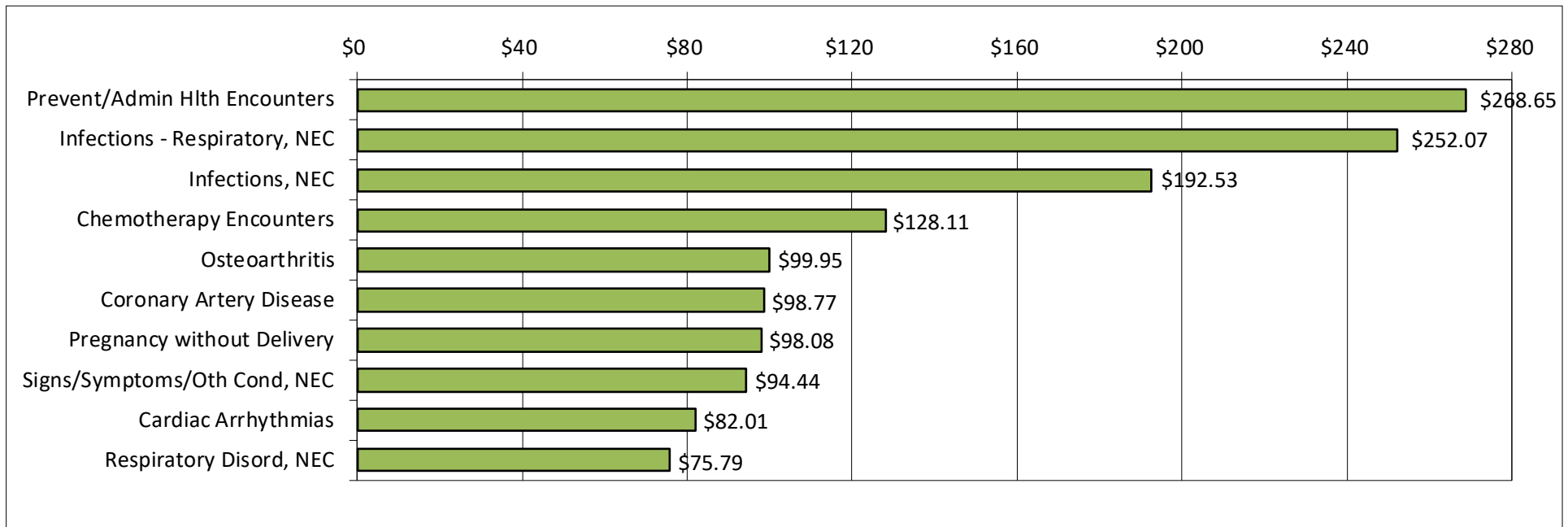


## Utilization (continued)

In Summary, the top clinical conditions represent more than 64.78% of total Paid Medical Claims for all clinical conditions.

Summary	Net Pay Med	Net Pay IP Acute	Net Pay OP Med	Admits Per 1000 Acute	Days LOS Admit Acute	Visits Per 1000 Office Med	Visits Per 1000 ER
Top Clinical Conditions	\$45,014,923	\$16,034,861	\$28,908,027	16.99	4.23	4,919.59	93.82
All Clinical Conditions	\$69,484,367	\$24,039,620	\$45,269,738	42.31	3.17	8,957.74	166.92
Top Clinical Conditions as Pct of All Clinical Conditions	64.78%	66.70%	63.86%	40.15%	133.38%	54.92%	56.21%

## Top 10 Clinical Conditions by PMPY Net Pay Medical



## **Appendix A**

The Department of Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees' Health Plan for members of the Kentucky Group Health Insurance Board (KGHIB).

It is the Department's intent to update this information on a monthly basis in an effort to provide current information about Kentucky's Health Insurance Program.

This report is compiled using Advantage Suite, which is DEI's health insurance information management system. IBM Watson Health warehouses enrollment and claims data on behalf of the KEHP. Enrollment data is provided by DEI while claims data is provided by KEHP's Medical and Pharmacy administrators.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding and dropping dependents, marriage, divorce, Medicare eligibility, etc. Therefore, Advantage Suite is dealing with a fluid enrollment base. During 2021, Advantage Suite processed enrollment information for a total of 286,425 members as well as 8,140,128 claims (3,881,180 Medical claims and 4,258,948 prescriptions). When dealing with such large numbers it is impossible to tag every claim to a corresponding group, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Advantage Suite.

## **Appendix B—Definitions**

- **Allowed Amount** is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- **Days Supply** is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- **Employee** represents an individual eligible to participate in KEHP as a retiree, or by being employed by one of the agencies that participate with KEHP (example: state employee, school board, quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Advantage Suite deals with Cross-Reference plans uniquely. Although there are in fact two “employees” Advantage Suite can only designate the planholder as an employee. Therefore, the Cross-Reference spouse is considered a dependent and all claims and utilization data related to that spouse is counted as a “member”.
- **Generic Efficiency** means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- **Incurred Claims** refers to paid amounts for claims that were incurred in a specified timeframe.
- **High Cost Claimants** refers to patients with claims \$50,000 or more.
- **IP** refers to inpatient procedures and/or claims.
- **LOS** refers to length of stay of an acute admission.
- **Mail Order** is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- **Member** includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- **Net Payment** is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- **Norms (Allowed Amount with Norms or Recent US)** refer to the benchmark representing Allowed Amount PMPY for the total US population based on 2020 MarketScan data, adjusted for age and gender of the eligibility population.
- **OP** refers to outpatient procedures and/or claims.
- **Paid Claims** specify the paid amount for claims regardless of when the claims may have been incurred.
- **Patients** is the unique count of members who received facility, professional, or pharmacy services.
- **Patients Rx** is the unique count of members who had a prescription filled (but not necessarily picked up).
- **Plan** is LivingWell Basic CDHP, LW High Deductible Plan, LivingWell PPO and LivingWell CDHP.
- **Retail** is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.
- **Scripts Rx** is the number of prescriptions filled based on the Rx Count field, which is generally equal to the number of original or replacement pharmacy claims minus the number of voided pharmacy claims.